

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J.G.		9/20/00
O.I.P.E. CLASSIFIER		8	9-26-00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			
	59573		11-3-00

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	11/16/00
2	✓ 11/16/00
3	✓ 11/16/00
4	✓ 11/16/00
5	✓ 11/16/00
6	✓ 11/16/00
7	✓ 11/16/00
8	✓ 11/16/00
9	✓ 11/16/00
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14	✓ 11/16/00
15	✓ 11/16/00
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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